1	4.	· PART B	- FEE(S) TRA	INSMITTAL	_			_
Complete and send this form, together with applicable fee(s), to: Mail or Fax					ISSUE oner fo 450 a, Virg 1000			
appropriate All further cou	rm should be used for tran rrespondence including the l below or directed otherwise ns.	Patent, advance or	E FEE and PUBL	CATION FEE	(if requi	ill be mailed t	to the current	correspondence address as
CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Block 1 for	any change of address	<del>~~</del>	Note: A certif	icate of	mailing can or	nly be used for	or domestic mailings of the for any other accompanying
7	590 07/12/2004	- 1	OCT 12	papers. Each a	additiona	l naner, such a	s an assignme	ent or formal drawing, must
ANDRE L MAR		2	2 2004	80		tificate of Mai		smission
	DLOFF TAYLOR & ZA BOULEVARD SEVE CA 900251026		RADEMARK CE	Thereby certif States Postal S addressed to transmitted to	y that th	is Fee(s) Trans	smittal is bein	g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
					DELC		(Depositor's name)	
)/13/2004 FMETEKI2 00000065 09458570				(84)			<del></del>	(Signature)
FC:1501	1370.00 OP					10/6	104	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR /		ATTORNEY D	OCKET NO.	CONFIRMATION NO.
09/458,570 12/09/1999 DION RODGE				RS 042390.P7933 9005				
TITLE OF INVENTION: M	1ETHOD AND APPARATU	S FOR ENTERIN	G AND EXITING N	MULTIPLE THR	READS V	VITHIN A MU	JLTITHREAL	DED PROCESSOR
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE I	PUBLICATION FEE		TOTAL FEE(S) DUE		DATE DUÉ
nonprovisional	NO	\$1330	\$0			\$1330		10/12/2004
EXAMINER		ART UN	IT (	CLASS-SUBCLASS				
ELLIS, RICHARD L		2183		712-228000		l		
<ul> <li>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ul>			(1) the names of up to 3 registered patent attorneys					Y, SOKOLOFF,
PLEASE NOTE: Unless recordation as set forth in	RESIDENCE DATA TO B an assignee is identified be a 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will appear on Γ a substitute for fili	the patent. If a ng an assignmen	ıt.		l below, the d	ocument has been filed for
(A) NAME OF ASSIGN		ESIDENCE: (CITY and STATE OR COUNTRY)						
INTEL CORPORATION SANTA CLARA, CALIFORNIA								
Diago shook the announced		wien (ill mat ha	:	(n):_a:_a:_a.	_1 <b>197</b> 07-		4L	roup entity
Please check the appropriate assignee category or categories (will not be printed on the patent);  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):								
Issue Fee    XA check in the amount of the fee(s) is enclosed.								
☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).								
_ •	(from status indicated above	)	□ b. Applicant is n			(01101	oso un oxura c	opy or time formy.
	is requested to apply the Issu sublication Fee (if required) words of the United States Pate		,			•	•••	
(Authorized Signature)  EDWIN R. TAYI		(Date)	0/6/2004					
an application. Confidential submitting the completed at this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	1450.	122 and 37 CFR O. Time will vary ould be sent to the SEND FEES OR C	1.14. This collection depending upon the Chief Information COMPLETED FOR	is estimated to the individual case. Officer, U.S. Pat MS TO THIS AI	take 12 r . Any co tent and DDRESS	ninutes to com mments on the Trademark Off . SEND TO: C	plete, including amount of the fice, U.S. Dep commissioner	ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.								

TRANSMIT THIS FORM WITH FEE(S)